



PATENTS  
Attorney Docket No. NP/1 CIP DIV

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Examiner : Carlos A. Azpuru  
Group Art Unit : 1615  
Applicant : Nikos Panayotatos  
Serial No. : 09/942,463 Conf. No.: 9750  
Filed : August 29, 2001  
For : THE USE OF PROTEIN OCCLUSION FOR THE SELECTIVE  
DELIVERY OF SMALL MOLECULES TO TARGETS

Hon. Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

“EXPRESS MAIL” mailing label number EV 270263596 US

Date of Deposit: January 20, 2004

I hereby certify that this paper/fee is being deposited with the United States Postal Service “EXPRESS MAIL POST OFFICE TO ADDRESSEE” service under 37 C.F.R. 1.10 on the date indicated above and is addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

  
Lilian Garcia

Enclosures:

(1) Transmittal Letter (in duplicate); (2) Reply to Official Communication and Amendment;  
(3) Check for \$210.00; and (5) Postcard.

EV270263596US

NP/1 CIP DIV

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No. : 09/942,463 Confirmation No. : 9750  
Applicants : Nikos Panayotatos  
Filed : August 29, 2001  
Group Art Unit : 1615  
Examiner : Carlos A. Azpuru  
Docket No. : NP/1 CIP DIV  
Customer No. : 1473  
For : THE USE OF PROTEIN OCCLUSION FOR THE  
SELECTIVE DELIVERY OF SMALL MOLECULES TO  
TARGETS

New York, New York  
January 20, 2004

Hon. Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

TRANSMITTAL LETTER

Sir:

Transmitted herewith for filing are the following: [X] Reply to Official  
Communication and Amendment; [X] a check in the amount of \$210.00; and [X]  
postcard; to be filed in the above-identified patent application.

FEE FOR ADDITIONAL CLAIMS

[X] A fee for additional claims is not required.

[ ] A fee for additional claims is required.

The additional fee has been calculated as shown below:

CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEES
TOTAL CLAIMS	-	* =	X \$ 9 =	\$
INDEPENDENT CLAIMS	-	** =	X \$ 43 =	\$
FIRST PRESENTATION OF A MULTIPLE DEPENDENT CLAIM			+ \$145 =	\$

\* If less than 20, insert 20. TOTAL \$        
 \*\* If less than 3, insert 3.

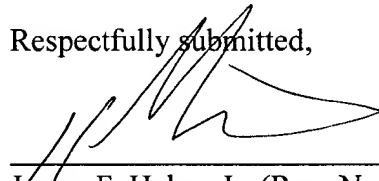
- ☐ A check in the amount of \$\_\_\_ in payment of the filing fee is transmitted herewith.
- ☒ The Director is hereby authorized to charge payment of any additional filing fees required under 37 C.F.R. § 1.16, in connection with the paper(s) transmitted herewith, or credit any overpayment of same, to deposit Account No. 06-1075. A duplicate copy of this transmittal letter is transmitted herewith.
- ☐ Please charge \$\_\_\_ to Deposit Account No. 06-1075 in payment of the filing fee. A duplicate copy of this transmittal letter is transmitted herewith.

#### EXTENSION FEE

- ☒ The following extension fee is applicable to the Response filed herewith; ☐ \$55.00 extension fee for response within first month; ☒ \$210.00 extension fee for response within second month; ☐ \$475.00 extension fee for response within third month; ☐ \$740.00 extension fee for response; ☐ \$1,005.00 within fifth month.
- ☒ A check in the amount of ☐ \$55.00; ☒ \$210.00; ☐ \$475.00; ☐ \$740.00; ☐ \$1,005.00; in payment of the extension fee is transmitted herewith.

- ☒ The Director is hereby authorized to charge payment of any additional fees required under 37 C.F.R. § 1.17 in connection with the paper(s) transmitted herewith, or to credit any overpayment of same, to Deposit Account No. 06-1075. A duplicate copy of this transmittal letter is transmitted herewith.
- ☐ Please charge the ☐ \$55.00; ☐ \$210.00; ☐ \$475.00; ☐ \$740.00; ☐ \$1,005.00; extension fee to Deposit Account No. 06-1075. A duplicate copy of this transmittal letter is transmitted herewith.
- ☐ A check in the amount of \$\_\_\_\_\_ in payment of the filing fee is transmitted herewith.
- ☒ The Director is hereby authorized to charge payment of any additional filing fees required under 37 C.F.R. § 1.16, in connection with the paper(s) transmitted herewith, or credit any overpayment of same, to deposit Account No. 06-1075. A duplicate copy of this transmittal letter is transmitted herewith.
- ☐ Please charge \$\_\_\_\_\_ to Deposit Account No. 06-1075 in payment of the filing fee. A duplicate copy of this transmittal letter is transmitted herewith.

Respectfully submitted,



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James F. Haley, Jr. (Reg. No. 27,794)  
S. Craig Rochester (Reg. No. 43,052)  
Attorneys for Applicants  
c/o FISH & NEAVE (Customer No. 1473)  
1251 Avenue of the Americas  
New York, New York 10020  
Tel.: (212) 596-9000  
Fax.: (212) 596-9090